Private Funding Options for Public Health

____ YES, I/We will support a Public Health funding opportunity with a gift amount of:

___$50 ___$100 ___$250 ___$500 ___$1000 Other $_____

Enclosed Gift Amount $ _____

Pledge Gift Amount $ _____

MPH Alumni Year _____

PMR Graduate Year _____

Funding Opportunities (check one or more):

- ☐ Daniel S. Blumenthal, M.D., M.P.H. Public Health Fund
- ☐ Janet M. Blumenthal, PH.D. Scholarship Fund
- ☐ Patricia Rodney, Ph.D., M.P.H. Scholarship Fund
- ☐ MPH Honor Scholarship in Public Health

Name: _____

Company Name: _____

Home Address: _____

City/State/Zip: _____

Home Phone: ( ) _____

Business Phone: ( ) _____

Cell Phone: ( ) _____

E-mail: _____

Online donation is available at: www.msm.edu

☐ My check is enclosed, payable to:
Morehouse School of Medicine for $_____

☐ Please charge my:

○ MasterCard ○ Visa ○ AmEx

I authorize Morehouse School of Medicine to charge my account in the amount of $_____

Name on Card: _____

Account #: _____

Exp. Date: / _____ CCID: _____

Signature: _____

☐ My gift will be matched by my company (or the company of my spouse).

Company name: _____
(Please include your company's matching gift form).

Total Deduction Amount $_____

☐ Payroll Deduction Start Date: ___/___/___ End Date: ___/___/___

Amount per pay period $_____

☐ Continous Payroll Deduction $_____ (per pay period)

Start Date: ___/___/___

Signature _____

*Please identify which vehicle of communication you prefer for future correspondence: ○ Mail ○ E-mail

All contributions are tax-deductible to the extent of the current tax code. If multiple funding opportunities are selected above the amount will be divided between funds, unless otherwise noted.

THANK YOU FOR YOUR EXTRAORDINARY PHILANTHROPY!

Morehouse School of Medicine
Office of Institutional Advancement
720 Westview Drive SW
Atlanta, GA 30310-1495
www.msm.edu